

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155132		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 07/03/2012	
NAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN 46122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted 05/24/12 and a Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/03/12</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this PSR survey, Danville Regional Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 02 consists of the walkway addition built after March 1, 2003 and Building 01, built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms on the 200, 300, 400, and 500 wings have hard wired smoke detectors.</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 Resident rooms on the 100 wing did not have smoke detectors provided. The facility has a capacity of 127 and had a census of 100 at the time of this survey. The facility was found not in compliance with state law in regard to smoke detector coverage. A detached wood shed with wood floor and a door used as a resident smoking area where residents have customary access was not sprinklered. A detached wood shed with wood floor and a door used for storage of kitchen paper goods was not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/06/12.			{K 000}			
K9999	FINAL OBSERVATIONS State Findings 3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS 3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following: (1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012. (2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012. (3) Have a battery operated or hard-wired smoke detector in each resident ' s room before July 1, 2012.			K9999			

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K9999	Continued From page 2 This State Rule has not been met as evidenced by: Based on Record review and interview, the facility failed to install smoke detectors in each resident ' s room before July 1, 2012. This deficient practice could affect at least 34 residents in the facility. Findings include: Based on observations with the Maintenance Director on 07/03/12 from 10:30 a.m. to 11:45 a.m., the following resident rooms were not provided with smoke detectors: 105, 106, 107,108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 137, 138 and 139. Based on interview during the time of observations, the Maintenance Director acknowledged not all the resident rooms were provided with smoke detectors. 3.1-19(ff) {K 000} INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted 05/24/12 and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/03/12 Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570			K9999			

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{K 000}	<p>Continued From page 3</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this PSR survey, Danville Regional Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC). Building 0202 built in 2010 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 02 consists of the walkway addition built after March 1, 2003 and Building 01, built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms on the 200, 300, 400, and 500 wings have hard wired smoke detectors. Resident rooms on the 100 wing did not have smoke detectors provided. The facility has a capacity of 127 and had a census of 100 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to smoke detector coverage.</p> <p>A detached wood shed with wood floor and a door used as a resident smoking area where residents have customary access was not sprinklered.</p> <p>A detached wood shed with wood floor and a door</p>	{K 000}			

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{K 000}	Continued From page 4 used for storage of kitchen paper goods was not sprinklered.			{K 000}			